

REDEPLOYMENT/POST-DEPLOYMENT AND RECONSTITUTION CHECKLIST									
For use of this form, see DA PAM 600-81 AND AR 600-8-101; This form is subject to the Privacy Act of 1974. IAW PL 53-579, 1974. SEE 5 US 552a.; the proponent agency is ODDS G-1									
AUTHORITY: 10 US Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization) Processing; and EON 9397 (SON).									
PURPOSE: To ensure Soldiers and Civilians are properly reconstituted as part of Army unit reconstitution.									
ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.									
1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)			3. SSN				
4. SERVICE AFFILIATION		5. COMPONENT		6. STATUS		7. PAY PLAN/GRADE			
USA <input type="checkbox"/> USCG <input type="checkbox"/> USN <input type="checkbox"/> PHS <input type="checkbox"/> USAF <input type="checkbox"/> NOAA <input type="checkbox"/> USMC <input type="checkbox"/>		ACTIVE <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> NON-MILITARY <input type="checkbox"/>		TPU <input type="checkbox"/> RET <input type="checkbox"/> IRR <input type="checkbox"/> NG10 <input type="checkbox"/> IMA <input type="checkbox"/> NG32 <input type="checkbox"/> AGR <input type="checkbox"/>		8. E-MAIL ADDRESS			
9. NON-MILITARY STATUS				10. TRAVEL STATUS		11. DATE OF BIRTH (YYYYMMDD)			
DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AAFES <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>				a. UNIT ORDER <input type="checkbox"/> b. INDIVIDUAL <input type="checkbox"/>		14. CITIZENSHIP COUNTRY			
12. JOB TITLE				13. ASI		17. DEPLOYMENT COUNTRY			
15. LANGUAGE SPECIALTIES		16. REFRAID date (YYYYMMDD)				21. UNIT PHONE NUMBER			
18. PARENT UNIT		19. PARENT UIC		20. UNIT DSN PHONE NUMBER					
OVERALL STATUS OF EACH SECTION									
22. Reconstitution Unit		23. Personnel		24. Finance		25. Installation		26. Security	
<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO	
27. Medical		29. Dental		28. Vision		30. Legal		31. Supply and Logistics	
<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO		<input type="checkbox"/> GO <input type="checkbox"/> NO/GO	
SECTION I - RECONSTITUTION VALIDATION									
Part A. Accuracy Statement: I understand I am certified for reconstitution and to the best of my knowledge, all information contained in this document is correct and current.									
1. PRINTED NAME OF SOLDIER				2. RANK		3. TITLE			
Part B. Commander's Acknowledgement: (Commanders may approve an individual for reconstitution based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I Acknowledge the CHECKLIST findings.									
1. PRINTED NAME (CDR or AG)				2. RANK		3. TITLE			
4. SIGNATURE				5. ADDRESS					
6. PHONE NUMBER		7. E-MAIL ADDRESS				8. DSN NUMBER		9. FAX NUMBER	
Part C. RECONSTITUTION Validation: ALL requirements are updated and all requirements are completed.									
1. PRINTED NAME OF VALIDATING OFFICIAL				2. RANK		3. TITLE			
4. SIGNATURE OF VALIDATING OFFICIAL				5. ADDRESS					
6. PHONE NUMBER		7. E-MAIL ADDRESS				8. DATE (YYYYMMDD)		9. FAX NUMBER	
The Redeployment, Post-deployment and Reconstitution Checklist is filed in the packet to complete the action. A copy remains at the gaining organization.									

Post-Deployment (1 of 3)

NAME (Last, First Middle)		SSN			
"C" INDICATES TO BE COMPLETED BY CIVILIANS					
SECTION II - PERSONNEL		PH	NO GO	GO	DATE (YYYYMMDD)
1. Common Access Card (CAC)/determine eligibility of DEERS status		2,3			
2. Records update and Evaluation Reports completed (OER/NCOER)(if required).		1,2			
3. SGLV 8286/DD FORM 93 review/revised date.		2,3			
4. Promotion/Awards during mobilization documented?		1,2,3			
5. Army Education Center.		2,3			
6. Required Training		1,2,3			
7. Mandatory Briefings		1,2			
8. Received ACAP individualized career counseling DD Form 2648		2,3			
9. DD Form 214 prepared and hand delivered or mailed (Except for Title 10 AGR)		2,3			
10. REFRAD orders issued		1,2,3			
11. Completed DA Form 31 for scheduled post-deployment leave		2,3			
12. Postal change of address updated (DA Form 3955)"C"		2,3			
13. Family Care Plan recertified/updated (DA Form 5305-R)		2,3			
14. PERSTEMPO days and input into the PERSTEMPO web-site for all deployments.		2,3			
15. Redeployment information updated in CIV TRACKS "C"		1,2,3			
16. Received information on reemployment rights		1,2,3			
17. Contacted your civilian employer. (RC only)		2,3			
18. Completed command climate survey (RC Only)		1,2			
19. SIDPERS transactions submitted		1,2,3			
20. Received information on 18 year sanctuary (retirement). If applicable (RC Only)		2,3			
21. Individual/Family assistance counseling provided"C"		2,3			
22. Chaplain appointment or visit requested		1,2,3			
23. Signature of Certifying Official	24. Rank/Title	25. Date			
SECTION III - FINANCE					
1. Received Readiness Finance Brief		1,2			
2. Completed advance pay action to close out DoD charge cards prior to reverting back to RC status. (RC only)		1,2,3			
3. Discontinue (Stop) (Change) allotment's (AC Only)		2,3			
4. Entitlements verified/ Direct deposit changes completed		2,3			
5. Settle any travel claim's) TCS/REFRAD Orders		2,3			
6. Number of days of Accrued Leave to be paid upon separation		2,3			
7. Signature of Certifying Official	8. Rank/Title	9. Date			

Post-Deployment (2 of 3)					
NAME (Last, First Middle)		SSN			
"C" Indicates to be completed by civilians					
SECTION IV - INSTALLATION		PH	NO GO	GO	DATE (YYYYMMDD)
1. DBOS: Transportation Branch:					
(a) Completed HHG/personal property arrangements?		2,3			
(b) Requires transportation arrangements?		2,3			
2. DBOS: Housing Division:					
(a) Cleared Quarters, BOQ or BEQ?		2,3			
3. DCFA: Army Community Service (ACS) Division:					
(a) Family Support GP/ACS information provided?		2,3			
4. G3/DPTM: Security Division:					
(a) Security File Reviewed?		2,3			
(b) Security Debrief?		2,3			
5. Signature of Certifying Official		6. Rank/Title		7. Date	
		PH	NO GO	GO	DATE (YYYYMMDD)
SECTION V - SECURITY					
1. Debriefed by S-2 Reverse SF 312 completed if access withdrawn "C"		1,2,3			
2. Government and personnel computers checked for sensitive data "C"		1,2,3			
3. Government information programs on personal computer purged "C"		1,2,3			
4. Signal security- Terminate log-ons/e-mail/passwords "C"		1,2,3			
5. DD Form 577 sign cards & DA Form 1686 canceled "C"		1,2,3			
6. Badges or devices for secure areas turn-in "C"		1,2,3			
7. All classified material accessed by individual properly accounted for "C"		1,2,3			
8. Any combination known to the individual changed. "C"		1,2,3			
9. Signature of Certifying Official		10. Rank/Title		11. Date	
SECTION VI - MEDICAL					
1. TRICARE Enrollment Appl.		3			
2. Received Medical health records review (if applicable)		3			
3. Complete DD Form 2697 for in-Theater exposures? "C"		1			
4. Has Medical Surveillance Program had clinical evaluation?		2			
5. Hospitalized/medical treatment prohibiting demobilization?		2,3			
6. Medical Protection System (MEDPROS).		2			
7. DD 2766 (Adult Pre & Chronic Care Flow sheet) original returned to med record.		3			
8. Medical Line of Duty (LOD) received (if required) Completion of DD Form 261		1,2,3			
9. Conduct initial TB Test		3			
10. Suspense follow-up 90 Day TB Test		3			
11. Conduct HIV Test		3			
12. Required Immunizations		2,3			
13. Received OWCP process for occupational illness and injury reporting. "C"		2,3			
14. Receive copy of DD3349 (Medical Profile) prior to release		2,3			
16. Signature of Certifying Official		17. Rank/Title		18. Date	
SECTION VII - DENTAL					
1. Complete dental record/care (while on active duty) reviewed?		1,2,3			
2. Verify dental class		1,2,3			
3. Pantographic X-Ray in dental record		1,2,3			
4. VA Dental Care.		1,2,3			
5. Signature of Certifying Official		6. Rank/Title		7. Date	

Post-Deployment (3 of 3)

NAME (Last, First Middle)		SSN	
"C" INDICATES TO BE COMPLETED BY CIVILIANS			
SECTION VIII - VISION			
1. Vision screening			
2. Vision classification			
3. Signature of Certifying Official	4. Rank/Title	5. Date	
SECTION IX - LEGAL			
1. Counseled on insurance and civil matters and legal rights?	1,2,3		
2. Briefed on Uniformed Services Employment and Reemployment Rights Act?	1,2,3		
3. Briefed on Soldiers and Sailors Civil Relief Act Rights	1,2,3		
4. Has soldier/civilian been counseled on claims filing procedure "C"	1,2,3		
5. Signature of Certifying Official	6. Rank/Title	7. Date	
SECTION X - SUPPLY AND LOGISTICS			
1. Weapon's issued accounted for Turned in. Weapon's) serial number's): "C"	2,3		
2. Theater specific CIF/CDE turn-in? "C"	1,2,3		
3. Chemical Defensive Equipment	2,3		
4. Personal military clothing and basic issue	1,2,3		
5. Hand receipt updated/cleared "C"	1,2,3		
6. Signature of Certifying Official	7. Rank/Title	8. Date	